



**Court Interpreter Services
U.S. District Court, Central District of California**

**Orientation for Contract Court Interpreters
SERVICES PROVIDED UNDER CJA (CRIMINAL JUSTICE ACT)**

The Criminal Justice Act of 1964, as amended (18 U.S.C. § 3006A) requires each United States district court to place in operation a plan for furnishing representation for any person financially unable to obtain adequate representation under certain circumstances. This court has established such a plan to provide payment of fees and expenses to counsel appointed under the plan and payment for investigative, expert, and other services incurred. Interpretation and translation services are considered expert services within the scope of this plan.

In general, pre-trial interpretation and translation services provided to appointed counsel outside of the courtroom are payable under CJA. When the service is rendered during the same half or full day of a court appearance, it is considered part of that half or full day's service and cannot be billed separately or in addition to the half or full day. In all instances, the interpreter services office will inform the contract interpreter of the billing method. When services are to be billed to CJA, please adhere to the following guidelines to expedite payment:

- 1. Fill in the CJA voucher completely and legibly - see the sample below. Be sure to check your figures and remember that both you and the attorney have to sign and date the form.**
- 2. When submitting a CJA for written translations, attach a completed Declaration of Interpreter form showing the number of billable words. In box #16 of the CJA voucher, show the number of words times the rate per word, i.e., 1,000 words x \$.17 p.w. = \$170.00.**
- 3. When submitting a CJA for tape/CD work, attach the work log showing your start and stop times and the total number of hours worked, billed to the nearest 1/4 hour, in addition to your Declaration of Interpreter form. In box #16 of the voucher, show the number of hours or fractions of hours, multiplied by the rate per hour, i.e., 25.25 hrs x \$35 p.h. = \$892.50.**
- 4. If the total amount billed exceeds \$300.00, attach the court order authorizing the expenditure. Do not start work on a project that is likely to exceed the \$300.00 limit without a court order.**



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- 5. Make a copy of the CJA and any supporting documentation for your records.**
- 6. Deliver the completed CJA and any supporting documentation to Interpreter Services, U.S. Courthouse, Room 541, 312 N. Spring St., Los Angeles, CA 90012.**
- 7. Incomplete vouchers or vouchers lacking supporting documentation when necessary will be returned to you for completion.**

The checks for CJA assignments should issue 2-3 weeks after you submit your voucher. If there is a greater delay, please contact the office of the CJA supervising attorney at 213 894-4393, and be prepared to furnish the case name and number and the date of the service.

Pre-trial services rendered to the federal public defender are also paid under CJA; however, it will not be necessary for you to fill in a CJA voucher. The public defender will bring the voucher to the interview, ready for your signature. Review the voucher before you sign it. Clerk's office policies regarding overtime and late cancellation apply - if you were contracted for ½ day (4 hours), you are entitled to be paid overtime after the first 15 minutes of the 5th hour, at the rate set by the Administrative Office. If you were contracted 24 hours prior to the assignment and are canceled within 24 hours of the assignment, you are entitled to be paid for one-half day's service, provided you remain available for re-assignment as needed. For written translations, tapes and/or compact discs, follow the procedures above. Look for the pre-approved CJA voucher among the materials given to you for translation, and submit the voucher together with the completed work to the party requesting your services.

CJA 21 and CJA 31 (death penalty cases) forms are available on the court's home page, under "Forms." You can fill in the forms on-line, then print to use. Always take a completed form with you to the interview to obtain the attorney's signature. Mail or deliver the signed form to the interpreter services office at the following address:

U.S. District Court, Interpreter Services, 312 N. Spring Street, Los Angeles, CA 90012.

SAMPLE CJA 21

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

1. CIR./DIST./ DIV. CODE CAC -LA or -SA or -ED		2. PERSON REPRESENTED FULL NAME OF DEFENDANT		VOUCHER NUMBER LEAVE BLANK	
3. MAG. DKT./DEF. NUMBER FILL IN IF MAGISTRATE CASE		4. DIST. DKT./DEF. NUMBER FILL IN IF INDICTED CASE		5. APPEALS DKT./DEF. NUMBER FILL IN IF APPEALS CASE	
7. IN CASE/MATTER OF (Case Name) US vs [LEAD DEFENDANT] et al		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	
				6. OTHER DKT. NUMBER LEAVE BLANK	
				10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> [Example]: 21 USC 841					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR _____ <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS _____ [Obtain information from Interpreter Services - attorney's full name, address, and telephone number] Telephone Number: _____					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) COURT INTERPRETER CONTRACTED TO INTERPRET DURING ATTORNEY/CLIENT INTERVIEW [or describe service: translation of documents, tape transcription/translation/review, etc.]			14. TYPE OF SERVICE PROVIDER		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input type="checkbox"/> Other (Specify) _____		
CLAIM FOR SERVICES AND EXPENSES					
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation		Half/Full day rate			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)		N/A			
c. Other Expenses		N/A			
GRAND TOTALS (CLAIMED AND ADJUSTED):					
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS INTERPRETER'S FULL NAME AND MAILING ADDRESS _____ TIN: INTERPRETER'S SS# _____ Telephone Number: _____ 999-999-9999 REMEMBER TO SIGN & DATE THIS FORM!!! CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM DATE OF ASSIGNMENT _____ TO DATE OF ASSIGNMENT _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number _____ LEAVE BLANK <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					